

HUMAN SERVICES - DSHS

Program 020

DSHS - Juvenile Rehabilitation

Recommendation Summary

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2003-05 Expenditure Authority	1,124.2	146,812	52,362	199,174
Total Maintenance Level	1,149.7	156,689	50,873	207,562
Difference	25.5	9,877	(1,489)	8,388
Percent Change from Current Biennium	2.3%	6.7%	(2.8)%	4.2%
Performance Changes				
Lease, Medical Inflation, and Equipment Reduction		(1,860)		(1,860)
Targeted Vendor Rate Increase		116	240	356
Washington Federation of State Employees Cost of Living Adjustment/Salary Survey		3,685	31	3,716
Service Employees International 1199 Cost of Living Adjustment		190		190
Super Coalition Health Benefits		3,125	35	3,160
Classification Revisions		34		34
Performance Pay		177	34	211
Nonrepresented Employees Cost of Living Adjustment		711	135	846
Nonrepresented Employees Health Benefit Change		211	41	252
Pension Method Change		(2,866)	(109)	(2,975)
Nonrepresented Salary Survey Implementation		183	128	311
General Inflation		(318)		(318)
FTE Staff Adjustment	(.1)			
Transfers	(.1)	(4)		(4)
Residential Utilization Acuity	8.0	1,298		1,298
Integrated Treatment Model	14.0	1,919		1,919
Subtotal	21.8	6,601	535	7,136
Total Proposed Budget	1,171.5	163,290	51,408	214,698
Difference	47.3	16,478	(954)	15,524
Percent Change from Current Biennium	4.2%	11.2%	(1.8)%	7.8%
Total Proposed Budget by Activity				
Community Facility Transitional Services for State Committed Juvenile Offenders	86.2	11,790	7,350	19,140
Community Services for Locally Committed Juveniles	3.0	22,281	16,724	39,005
Institutional Services for State Committed Juvenile Offenders	903.9	95,076	15,985	111,061
Juvenile Rehabilitation Administration	30.4	2,989	1,527	4,516
Parole Transitional Services for State Committed Juvenile Offenders	147.0	21,654	3,894	25,548
Preventative Services for Juveniles	1.0	256	5,488	5,744
Compensation Cost Adjustment		9,244	440	9,684
Total Proposed Budget	1,171.5	163,290	51,408	214,698

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Lease, Medical Inflation, and Equipment Reduction

This item eliminates lease, medical inflation, and equipment funding requests.

Targeted Vendor Rate Increase

Funding is provided for a targeted vendor rate increase. The increase is driven by targeted base vendor payments, which represent services by vendors the Office of Financial Management (OFM) identified as most in need of rate adjustments. The funded level represents a 1.5 percent increase for Fiscal Year 2006 and 2.0 percent for Fiscal Year 2007, and is based on annual inflation estimates.

FTE Staff Adjustment

DSHS will centralize its background check FTE staff in the Background Checks Central Unit.

Transfers

Funding and FTE staff are transferred to centralize funding for certain functions currently split among the various administrations.

Residential Utilization Acuity

Funding is provided for additional mental health services. Youth with mental health needs require additional psychiatric, psychological, and counseling services. These youth account for approximately 70 percent of the total offender population. Responding to the mental health needs of this population will reduce future social and financial cost.

Integrated Treatment Model

Funding is provided to implement a quality assurance component of the Juvenile Rehabilitation Administration's (JRA) evidence based Integrated Treatment Model (ITM). The Washington State Institute of Public Policy's December 2003 report on quality control standards outlines essential components of a quality assurance program that are absent from the current JRA organizational structure. The addition of quality assurance staff will allow JRA to evaluate model adherence and measure progress, which is critical for achieving desired outcomes and program accountability.

ACTIVITY DESCRIPTIONS

Community Facility Transitional Services for State Committed Juvenile Offenders

Community Residential Services for Juvenile Offenders includes seven state-operated and four contracted community facilities for up to 162 beds for adjudicated youth who are transitioning back to the community. Specific services include 24-hour supervision, individual and group counseling, transition services, drug and alcohol education, education and/or vocational training, skills training, anger management, and other intervention programs based on need. (Violence Reduction and Drug Enforcement Account)

Community Services for Locally Committed Juveniles

The Community Juvenile Accountability Act (CJAA) funds programs on a statewide basis that are demonstrated by research to reduce recidivism of juvenile offenders. CJAA programs target youth on county probation who are at moderate to high risk for reoffending. All of the 34 juvenile court jurisdictions representing 39 counties have implemented CJAA interventions. Pre-commitment at-risk services include diversion, probation supervision, individual and family counseling, drug/alcohol assessment and treatment, alternative education, vocational training, and psychiatric and psychological services. There are at-risk youth programs in all of the 34 juvenile court jurisdictions representing 39 counties. The Chemical Dependency Disposition Alternative (CDDA) provides courts with a sentencing option for chemically dependent youth, allowing judges to order youth into supervised treatment. Both locally sanctioned youth and certain youth who would otherwise be committed to the Juvenile Rehabilitation Administration (JRA) are eligible for CDDA. Special Sex Offender Disposition Alternative (SSODA), for certain first-time sex-offenders, allows the court to suspend the sentence of an adjudicated offender and instead order at least 24 months of community supervision, and require the youth to receive treatment in the community from a certified sex offender treatment provider.

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Institutional Services for State Committed Juvenile Offenders

The Juvenile Rehabilitation Administration (JRA) maintains four secure residential facilities for the 1,200 youth committed to state custody each year. It also contracts for services with Camp Outlook for a basic training camp program. Currently, JRA operates 778 medium and maximum secure institution beds. Services provided to residents focus on rehabilitation and the preparation of juvenile offenders to live successfully in a community setting after confinement. Residential programs utilize a research-based treatment model that is based on cognitive behavioral principles. Sixty percent of committed youth meet the definition of mental health target population and need a treatment intervention that addresses their specific mental health issue. Basic residential services include diagnosis, counseling, medical and dental care, academic education, prevocational and vocational training. Specialized treatment is provided to youth with drug/alcohol, sex offender, and mental health problems.

Juvenile Rehabilitation Administration

This activity represents the administrative and technical support for all programs within the Juvenile Rehabilitation Administration, including policy development, fiscal planning, quality assurance, contract coordination, treatment program administration, and information services.

Parole Transitional Services for State Committed Juvenile Offenders

The Juvenile Rehabilitation Administration (JRA) coordinates regional services that include state and county-contracted diagnostic services for committable offenders; intensive, sex offender, enhanced, and transition parole services for approximately 1,300 youth per year who have completed their sentences; research-based treatment resources for parolees; skill center grants; and regional administration. (Violence Reduction and Drug Enforcement Account)

Preventative Services for Juveniles

This activity includes community-based state and federal grant programs designed to prevent juvenile violence. Also included are local programs funded by the federal Juvenile Accountability Incentive Block Grant (JAIBG), promoting greater individual accountability within the juvenile justice system.

Compensation Cost Adjustment

This item reflects proposed compensation and benefit cost adjustments that were not allocated to individual agency activities. The agency will assign these costs to the proper activities after the budget is enacted.